



24 The Strategies of Prevention and Rehabilitation

Is It Possible to Prevent Delinquency and to Rehabilitate Delinquents?

Many criminologists argue that **the juvenile justice system has placed too much emphasis on get-tough approaches**. They point out that such approaches have no effect or only a modest effect on delinquency. While we can increase the effectiveness of such approaches, their ultimate effect on delinquency is limited, since they address only one of the many causes of offending: low direct control. Further, such approaches are frequently expensive, and they expose many juveniles to the often brutal conditions of juvenile institutions. The Georgia Alliance for Children, a child advocacy group, ran a public service advertisement that showed a young juvenile curled up on a concrete floor, with the caption: “You’re in an 8 × 10 cell with four thugs twice your size. You would scream, but the underwear your grandmother sent is stuffed in your mouth” (McDevitt, 2000).

It is argued that, rather than simply getting tough, **the justice system should place more emphasis on rehabilitating juvenile offenders and preventing juveniles from becoming delinquent in the first place**. Although the juvenile justice system does emphasize rehabilitation in theory, juvenile offenders often do not receive effective rehabilitation programs **in practice**. And, with certain exceptions, only limited efforts are made to prevent delinquency. As Bernstein (2014:11–12) writes, “The challenge is not simply to build a better mousetrap, but to reexamine every aspect of how we address delinquency, from taking on the racial, educational, social, and economic inequities that feed it to ensuring that relationship-focused, community-inspired responses are not just boutique ‘alternatives’ but become the status quo—available to everyone.”

Prevention and rehabilitation programs do not try to reduce delinquency by increasing the juvenile justice system’s direct control. Rather, they try to **reduce delinquency by focusing on the other causes of delinquency**. At the most general level, the more effective prevention and rehabilitation programs attempt to increase the other types of control, reduce strain or the tendency to respond to strain with crime, reduce the social learning of crime, and/or reduce negative labeling. At a more specific level, they try to alter the individual traits that contribute to crime, increase family bonding, improve parental supervision and discipline, reduce family conflict and abuse, increase school attachment and performance, and reduce association with delinquent peers and gangs.

Prevention programs are distinguished from rehabilitation programs in that they try to keep juveniles from becoming delinquent in the first place, whereas rehabilitation programs try to reduce the delinquency of juveniles who already are delinquent. Some prevention programs focus on all or most juveniles. For example, the Partnership for Drug-Free Kids created a major advertising campaign to reduce drug use among juveniles. You may have seen or heard some of these ads (“Live above the influence”; “Life can be hard . . . sometimes I need to be harder”; see the ad gallery at <http://abovetheinfluence.com>). Other prevention programs target juveniles believed to be at risk for engaging in delinquency. For example, they may target low-birthweight infants, juveniles in high-crime communities, or juveniles described by their teachers or parents as being at risk for delinquency. Prevention and rehabilitation programs are sometimes discussed separately, but we discuss them together because many of the same programs are used for both prevention and rehabilitation purposes.

This chapter has five parts. First, we provide a brief history of prevention and rehabilitation programs. Second, we discuss the effectiveness of prevention and rehabilitation programs and describe the general features of the most successful programs. Third, we describe the characteristics of successful prevention and rehabilitation programs that focus on the early family environment, parent training, the school, individual traits, and delinquent peer groups and gangs. Most prevention and rehabilitation programs focus on these areas. Fourth, we briefly describe prevention and rehabilitation programs in several other areas. Finally, we discuss the crucial role of larger social forces in preventing delinquency. As you will see, the most successful prevention and rehabilitation programs address many of the causes of delinquency described in Chapters 6 through 18.¹

After reading this chapter, you should be able to:

- Describe the strategies of prevention and rehabilitation.
- Discuss the history of prevention and rehabilitation efforts in the United States.
- Indicate the reasons why most prevention and rehabilitation programs are not properly evaluated.
- Provide tentative conclusions about the effectiveness of prevention and rehabilitation programs.
- Describe the general characteristics of effective prevention and rehabilitation programs.
- Analyze the crucial role of larger social forces, especially the economy, in reducing delinquency.

A BRIEF HISTORY OF PREVENTION AND REHABILITATION

Prevention programs have never played a major role in delinquency control efforts, except for a brief period in the 1960s and early 1970s during the heyday of the War on Poverty (see Empey et al., 1999). The *War on Poverty* was initiated by President Kennedy in the early 1960s and largely implemented by his successor, President Johnson. One of the purposes of the War on Poverty was to reduce crime and delinquency by increasing the opportunities for people to achieve success through legitimate channels. Some of the programs that made up the War on Poverty provided educational assistance and job training to juveniles in disadvantaged communities. The War on Poverty, then, was partly based on strain theory, which views the failure to achieve monetary success as a major cause of crime. Most of the programs that comprised the War on Poverty have been dismantled, but a few remain, like Project Head Start and Job Corps.

You might wonder why prevention does not play a greater role in society's efforts to control delinquency. Prevention seems to make a lot of sense; it seems better to prevent delinquency from developing in the first place than to react to delinquency after it has occurred. But several objections have been raised to prevention programs. For example, they are said to interfere in the private affairs of individuals and families (e.g., "It is none of the government's business how parents raise their children"—unless the parents or children engage in illegal behavior). They are also said to be costly and ineffective. Conservatives often point to the fact that crime and delinquency rates increased dramatically during the 1960s and early 1970s, at the very time that the War on Poverty was being mounted (data on the effectiveness of the War on Poverty are mixed; see Empey et al., 1999). Finally, prevention programs are at odds with the get-tough approach to controlling delinquency, which claims that offenders are responsible for their behavior and deserve punishment. Politicians who advocate prevention programs expose themselves to charges of being soft on crime.

Although prevention has played only a small role in delinquency control in the United States, **rehabilitation was the guiding philosophy of the juvenile justice system from its inception in the 1800s until the 1970s.** That does not mean that the juvenile justice system made a serious effort at rehabilitation; there was often a large gap between philosophy and practice. But the major goal of the juvenile justice system was said to be the rehabilitation of delinquents. And rehabilitation is still part of the guiding philosophy of the juvenile justice system, although get-tough approaches have been popular in recent decades.

Rehabilitation fell out of favor during the 1970s for several reasons. Rising crime rates during the 1960s and early 1970s caused many to question its effectiveness. Doubts about rehabilitation were reinforced by several studies in the 1970s and 1980s claiming that rehabilitation was largely ineffective. The best known of these studies, the Martinson

Report, examined a wide range of rehabilitation programs employed from 1945 to 1967. The author, Robert Martinson, concluded that “with few and isolated exceptions the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism” (Martinson, 1974:25). Finally, the political climate of the country became more conservative. Criminals, including older delinquents, were said to be responsible for their behavior. And politicians and others argued that such individuals deserved punishment and that punishment was the best way to reduce crime and delinquency. In particular, get-tough advocates said that punishment would reduce crime through deterrence and incapacitation.²

Since the early 2000s, however, we have seen a **renewed interest in prevention and rehabilitation**, especially on the part of many criminologists and, increasingly, on the part of the federal government and certain states. The federal strategy for controlling delinquency now emphasizes a balanced approach: that is, efforts to hold juveniles accountable for their actions (which may include punishment) should be balanced with prevention and rehabilitation programs. The federal government has done much to publicize the prevention and rehabilitation programs that show promise. Along with private foundations, such as the MacArthur Foundation and the Annie E. Casey Foundation, the federal government has helped fund the implementation and evaluation of local prevention efforts and rehabilitation programs. The website for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) contains much information on promising prevention and rehabilitation programs—see OJJDP’s “Model Programs Guide” at <https://www.ojjdp.gov/mpg>. Information on promising programs can also be found at other websites, such as CrimeSolutions.gov and Blueprints for Healthy Youth Development (<http://www.blueprintsprograms.com>). Thanks to the development of these websites, information about prevention and rehabilitation programs is more readily available than ever before.

This renewed interest in prevention and rehabilitation partly stems from the research suggesting that get-tough approaches have no effect or only a modest effect on delinquency. It also stems from the high financial and social costs of many get-tough approaches (see Currie, 1998; Stemen, 2007; Tonry, 1995). Many states, in fact, are doing away with certain of the get-tough approaches they adopted because they can no longer afford to fund them (von Zielbauer, 2003; also see Chapter 23). But perhaps most important of all, the renewed interest in prevention and rehabilitation programs stems from recent research suggesting that some of these programs are effective at reducing delinquency.

Reflecting this renewed interest, several states have also made deliberate efforts to reduce the number of juveniles they incarcerate and/or refer to the adult court system. The state of Connecticut, for example, raised the age at which juvenile offenders are treated as adults from 16 to 18 (*New York Times*, 2007c). More generally, the rate at which juveniles are incarcerated and transferred to adult court has been declining since the late 1990s. Many states are instead placing an increased emphasis on the rehabilitation of offenders and the prevention of delinquency (Bishop and Feld, 2012; Paulson, 2006).

In New York, for example, state officials have implemented significant reforms—increasing the availability of counseling for juvenile offenders, taking steps to curb abuse and mismanagement in juvenile facilities (e.g., by installing surveillance cameras), and encouraging judges to place fewer young offenders in these facilities. A task force appointed by the governor in 2008 suggested further reforms and, overall, recommended that the state adopt a more therapeutic, less punitive approach:

Wouldn’t it make more sense, task-force members reasoned, to reserve incarceration for those who posed a threat to public safety? For youngsters who are not deemed

dangerous, other methods seem more reasonable. “The state should treat and rehabilitate them, not hurt and harden them,” wrote the task force. (Close, 2010)

In the next section, we discuss the effectiveness of prevention and rehabilitation strategies.

HOW EFFECTIVE ARE PREVENTION AND REHABILITATION PROGRAMS?

Several researchers have reviewed the evaluations of prevention and rehabilitation programs. One researcher reviewed 443 evaluations (Lipsey, 1992; also see Lipsey et al., 2010). All of these reviewers faced a major problem: most prevention and rehabilitation programs had not been properly evaluated. That is, in most cases, researchers did not employ the procedures for evaluation research described in Chapter 19. Most commonly, they did not randomly assign juveniles to the treatment and control groups. The evaluations also frequently suffer from other problems such as high dropout rates from the treatment group, failure to conduct long-term follow-ups, and failure to examine how well the program was implemented. Further, many of the decent evaluations that have been done are in need of replication. As noted in Chapter 19, programs should be evaluated across different settings and populations. A program that works well in one setting or with one group of juveniles may not work well in other settings or with other groups. As a result of these problems, criminologists know much less about the effectiveness of prevention and rehabilitation programs than they would like. Virtually every review of prevention and rehabilitation programs stresses the need for more and better evaluation research.

At the same time, enough evaluations have been moderately well done to allow us to draw some conclusions about the effectiveness of prevention and rehabilitation programs. The reviews suggest that well-designed and well-implemented prevention and rehabilitation programs can reduce rates of delinquency anywhere from 20 percent to 50 percent.³ The estimates vary because different reviews look at different programs and employ different definitions of a “well-designed” program. But the evidence is sufficient to suggest that **prevention and rehabilitation programs have an important role to play in efforts to control delinquency**. As criminologists learn more about the characteristics of effective programs and how to best implement them, the role of prevention and rehabilitation will likely increase. This is not to say that prevention and rehabilitation programs will solve the delinquency problem in the immediate future. It is clear, however, that society should make greater use of such programs—along with well-designed efforts to deter delinquency and incapacitate serious offenders. This strategy is precisely the one that the federal government is now advocating.

General Characteristics of Effective Prevention and Rehabilitation Programs

It is important to emphasize that the reviews of prevention and rehabilitation programs find that only some programs are effective at reducing delinquency; other programs have little effect on delinquency or actually increase it. For example, some evaluations suggest that group discussions involving delinquent and conventional juveniles are counterproductive. The conventional juveniles are supposed to influence the delinquents in positive ways, but often the reverse occurs.

Criminologists now have a rough idea of what characteristics distinguish effective from ineffective programs. Such information, of course, is vital if society is to effectively control delinquency. Many individuals and groups are unaware of this information, and they continue to invest resources in programs that are likely to have little effect on delinquency.

Drawing on several reviews, we can tentatively state that the most effective prevention and rehabilitation programs have the following characteristics.

1. They focus on the major causes of delinquency in the group being treated. This may sound obvious, but many prevention and rehabilitation programs focus on factors that are not causes, or at least not important causes, of delinquency. For example, they try to increase the juvenile's level of self-esteem. Other programs have no clear focus. Many programs, for example, employ unstructured counseling sessions. Counselors frequently hold "rap sessions" with juveniles where they discuss a wide range of issues. Programs of these types have little effect on delinquency. For a program to be effective, it must address the causes of delinquency described in earlier chapters, such as individual traits, family and school problems, and association with delinquent peers.

Further, programs should attempt to target the causes of delinquency that are most relevant to the group being treated. For example, it makes little sense to target gang membership in a population that is low in gang membership. Programs should also attempt to target all or most of the major causes of delinquency in a group. Delinquency is usually caused by several factors. Programs that focus only on one factor, even if it is an important cause of delinquency, will be less effective. An example of an effective program that targets several causes is multisystemic therapy, or MST (see Box 24.1). MST draws on elements from several of the more focused programs described later.

Box 24.1 Multisystemic Therapy: Addressing the Multiple Causes of Delinquency

As described in earlier chapters, delinquency is a product of multiple risk factors that operate across various life domains, such as the family, school, and neighborhood. It makes sense, then, for interventions to recognize this complexity and address the major risk factors in each of these domains, but often this does not happen. Many interventions, for example, focus only on the individual offender, or focus on just one or two factors that are believed to be responsible for delinquent behavior. Not surprisingly, such interventions have a poor track record.

One important exception involves multisystemic therapy, or MST. This intervention targets serious juvenile offenders, especially those who have experienced trouble with the law and are at risk of out-of-home placement. Recognizing that behavior is influenced not only by individual traits but also by dynamics operating in the multiple "systems" that individuals are a part of, MST targets risk factors that may operate at home, at school, or in the surrounding neighborhood. Moreover, MST focuses on risk factors that have been highlighted by criminological research and are known to have a strong link to offending behavior, such as association with delinquent peers.

To address multiple risk factors, MST typically seeks to empower the parents of troubled adolescents. For example, a therapist may visit the home of a juvenile offender weekly and help his or her parents set limits, enforce curfews, promote school attendance, decrease the child's association with delinquent peers, and promote associations with positive peers. Depending on the needs of a particular case, these weekly visits may go on for four months or more.

To illustrate, before their exposure to MST, the parents of a 15-year-old offender set few limits and rarely monitored his behavior. As a result, the boy spent much of his free time with delinquent friends and eventually dropped out of school. Further, the

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parents found items in the home that they suspected had been stolen by the boy. Under the guidance of an MST therapist, the parents began to set limits, encourage school attendance, and discourage delinquent peer associations. For example, they turned over the suspected stolen items to the police and called the boy's delinquent friends, warning them that they were no longer welcome to associate with their child. Further, the parents told the delinquent friends about their cooperation with the police and said that they would report any information about suspected criminal activities. They also contacted the parents of the boy's prosocial friends and obtained their assistance in supervising the at-risk boy's behavior.

The results of several randomized experiments indicate that MST is an effective intervention for serious juvenile offenders. Compared to offenders who received regular child welfare services, MST participants in one recent study had fewer out-of-home placements and reported lower levels of subsequent offending. In addition, parents and teachers reported fewer behavior problems among the MST participants (Ogden and Hagen, 2006; also see Timmons-Mitchell et al., 2006).

Because many evaluation studies have found support for MST, it is listed as an effective program on both the OJJDP's "Model Programs Guide" webpage (<https://www.ojjdp.gov/mpg>) and the website of Blueprints for Healthy Youth Development website (for more information on MST, visit <http://www.blueprintsprograms.com>).

Questions for Discussion

1. Although MST shows much promise, it has received little public attention or fanfare. In contrast, *Scared Straight* has been the focus of a highly rated television series (*Beyond Scared Straight*), even though research indicates the program is ineffective and may even increase delinquency. What might explain this difference in visibility and popularity?
2. What might be done to increase the visibility of programs like MST, or the likelihood that they will be implemented?

2. They are intensive. The most effective programs usually last a long time and employ several techniques to influence the juvenile or group. One cannot change a juvenile's traits or alter his or her social environment in a short period of time, with minimal effort. For example, you cannot change a juvenile's level of irritability in a single counseling session. Likewise, you cannot change family members' ways of relating to one another by simply giving parents a pamphlet to read over the weekend. Individual traits and interactional patterns have developed over many years, and they can be resistant to change. The most effective programs, then, tend to be the most intensive.

Many programs that try to change the behavior of individuals employ the following strategy, sometimes referred to as the **cognitive behavioral approach**. First, instructors describe what they want the juvenile (or parent, or other person) to do. For example, they might advise the juvenile to employ a particular anger management technique when mad at others. The technique and its use are described in detail. The juvenile might also be given reading material on the technique. Second, the instructors display or model what it is that they want the juvenile to do; they may stage several situations in which someone gets angry and then uses the technique. Third, they get the juvenile to practice the technique, often by means of having the juvenile participate in a number of role-playing situations (e.g., someone says or does something to anger the juvenile, and the juvenile then tries out the anger management technique). The instructors provide the juvenile with feedback, taking special care to reinforce successful performances. Fourth, the juvenile begins to apply the technique to situations in the real world. The juvenile might be

asked to use the anger management technique the next time someone makes him or her angry. After reporting on the real-world application and receiving feedback, the juvenile applies the technique to additional real-world situations. Still more feedback and reinforcement are provided. Fifth, the juvenile reaches a point where regular instruction is no longer necessary. But the instructors are available for consultation if necessary, and the juvenile may periodically participate in refresher or booster courses. Influencing individuals and groups, then, is not an easy process. You should be suspicious if you hear someone claim that a program can reduce delinquency in a short period of time with minimal effort.

The fact that the most successful programs are intensive poses some problems for policy makers. Although most good programs are cost effective, saving more money than they cost over the long run, intensive programs are expensive to administer (Aos et al., 2001; Greenwood, 2006). Also, the intensive nature of many prevention and rehabilitation programs makes them difficult to implement on a large scale. Most programs have been implemented in small groups, where it is easier to ensure that they are properly run. It is more difficult to ensure that programs are properly run if they are implemented at many sites, serving many thousands of juveniles. Arranging for the large-scale implementation of good prevention and rehabilitation programs, in fact, is perhaps the major challenge facing policy makers (beyond securing support for such programs). Not surprisingly, studies suggest that programs are much less successful when they are poorly implemented (S. Wilson et al., 2003).

3. They focus on juveniles at high risk for subsequent delinquency. Juveniles at high risk for delinquency are the ones who can benefit the most from prevention and rehabilitation programs, and programs focusing on such juveniles achieve the greatest reductions in subsequent delinquency. It makes little sense to provide programs to juveniles at low risk for delinquency; such juveniles will likely refrain from delinquency whether they participate in prevention and rehabilitation programs or not.

4. They are run in the community. Some data suggest that programs may be slightly more effective when they are run in the community rather than in juvenile institutions. It is easy to think of reasons why this might be the case. Juveniles confined in institutions are cut off from the larger community, including family, school, peer group, and neighborhood. As a result, it is more difficult for rehabilitation programs to address the family, school, and other problems that cause delinquency. Further, juveniles confined in institutions are exposed to other delinquents on a regular and intimate basis. These other delinquents often encourage delinquency and discourage cooperation with the staff. The staff, in fact, is often defined as the "enemy." Rehabilitation is obviously difficult under such circumstances. Finally, juveniles in institutions are often preoccupied with the stresses of confinement, including the threat of physical and sexual assault from others. These circumstances also make rehabilitation difficult. It is possible to help juveniles in institutions, but it may be somewhat more difficult.

5. They establish a warm but firm relationship between counselors and juveniles. Some evidence suggests that programs are more effective when counselors establish a warm or close relationship with the juveniles and strongly discourage deviant behavior while encouraging conventional behavior. A close bond between counselors and juveniles reduces strain. Also, the juveniles are more likely to model the counselors' behavior, accept their beliefs, and respond to their sanctions. At the same time, it is important that the counselors clearly promote conventional behavior and condemn deviance. The counselors cannot be lax or let the juveniles take advantage of them. Note that the importance of being warm but firm was also emphasized in the context of the family and school.

WHAT ARE THE CHARACTERISTICS OF SUCCESSFUL PREVENTION/REHABILITATION PROGRAMS IN DIFFERENT AREAS?

Many programs have shown some success at preventing delinquency and rehabilitating delinquents. It is impossible to describe all these programs in this book, but this section describes the key features of programs focusing on several areas: the early family environment, parent training, the school, individual traits, and delinquent peers and gangs. All such programs address one or more of the causes of delinquency described in earlier chapters.

Before we present the program descriptions, a few words of caution are in order. First, many different programs have been employed in each of the areas cited. Rather than describing individual programs, we describe what we believe are the key features of successful programs in an area. Many of the individual programs contain only some of these key features. Second, while the evaluation research provides reason to believe that these programs can reduce delinquency, more and better research is needed. In certain cases, our conclusions are based on a small number of less-than-ideal evaluations. Third, although we describe the programs in each area separately, they are sometimes combined in the real world. As indicated earlier, the most effective way to prevent delinquency or rehabilitate delinquents is to combine several programs, for this allows us to address the multiple causes of delinquency. Fourth, these programs—alone or in combination—should not be viewed as the definitive solution to the delinquency problem. The programs can reduce delinquency in at least some circumstances, but it is unlikely that they will eliminate the problem.

Prevention/rehabilitation programs are unlikely to eliminate delinquency for several reasons. They are often difficult to properly implement, especially on a large scale (see D. Gottfredson and Gottfredson, 2002). Moreover, it is often difficult to ensure that everyone who needs the programs participates in them. In fact, the people who need the programs the most are often the least likely to participate in them—especially prevention programs, where participation is often voluntary. Furthermore, even if the programs are properly administered to the people who need them the most, they are able to help only some of the participants.

Programs Focusing on the Early Family Environment

As you know, the family has a major impact on delinquency, affecting a juvenile's level of control, strain, labeling, and the social learning of crime. Some parents, for example, fail to develop a strong emotional bond with their children, fail to properly supervise them, and abuse and neglect them. These (in)actions directly increase the likelihood of delinquency. Also, they indirectly increase the likelihood of delinquency through their effect on such factors as individual traits, school experiences, and association with delinquent peers and gangs (see Chapter 14 and the other chapters on the causes of delinquency for a full discussion). Juveniles in families of certain types, for example, more often experience biological harms like head injuries, birth complications, and exposure to toxic substances. They are therefore more likely to develop traits conducive to delinquency.

Several early family intervention programs have been developed in an effort to **reduce the likelihood that families will produce delinquent children**. The programs typically target disadvantaged families or families at risk for certain problems, such as child abuse. For example, the programs might target single parents, adolescent mothers, the parents of premature or low-birthweight babies, and/or families having a history of drug abuse or family violence. Some programs begin before the birth of the child, while others begin at or shortly after birth. In the most effective programs, the parents are visited weekly by

a nurse, social worker, or trained paraprofessional. When necessary, the home visitors can turn to physicians, psychologists, or teachers for further assistance. The programs last anywhere from a few months to several years, with the longer programs being more successful.⁴ Programs focusing on the early family environment address the causes of delinquency in three major ways.

First, they attempt to **reduce the child's exposure to biological harms by providing medical care to the child and mother and by providing health and safety training to the parents.** Expectant mothers may be given prenatal care and advice. For example, they are encouraged to avoid smoking, alcohol use, and drug use during pregnancy. If necessary, the mother will be offered counseling and drug treatment. Such measures help prevent problems like low birthweight and birth complications. After birth, the child receives regular medical care and the parents receive assistance in caring for the child. The child in particular receives regular pediatric exams, and steps are taken to address any developmental or other problems that arise. The parents are also given information on child development and how to best care for their child. Such information and assistance can prevent a range of harmful biological events, such as head injuries and exposure to toxic substances such as lead.

Second, these programs also **attempt to foster good parenting practices by reducing parental stress and providing information on good parenting.** As you may recall from Chapter 14, two of the major determinants of poor parenting are stress and lack of knowledge. It is difficult to be a good parent if you do not have decent housing or a job, if you struggle to put food on the table, or if you are involved in an abusive relationship. One of the first things the programs attempt to do is help parents address some of the basic problems they face. For example, they may help the parents find decent housing, get a job, obtain food, secure medical care, arrange transportation, and end spouse abuse. Sometimes the home visitor provides assistance in these areas. Home visitors often function as counselors to the family, discussing problems, offering advice and assistance, and providing emotional support. The home visitors also refer family members to various social service and treatment programs when necessary. The assistance of the home visitor not only makes it easier for the parents to engage in good parenting, but it also helps foster a bond between the home visitor and the parents.

It is also difficult to be a good parent if you were never exposed to good parenting, so the home visitors attempt to teach good parenting skills. They provide information on child development, offer advice on parenting, model parenting skills, and assist parents when necessary. They also monitor the progress of the child and intervene if necessary. For example, they may provide special assistance if it appears that the parents are not forming an emotional bond with their baby. In some cases, the parents may take special parent training classes or participate in parent-support groups. Also, male home visitors may make a special effort to work with the father if he is present.

It is important to emphasize that home visitors do not attempt to coerce or "talk down" to the parents. Rather, they aim to function as friends and allies to the parents. For example, the home visitor in the Hawaii Healthy Start program introduces herself to the parents by saying something like the following:

I work with the Healthy Start program. I have new information about babies that I didn't know when I was raising my kids. It can make being a mother easier, but not easy! Also, you can look at me as your information center about this community. I live here, too, and I didn't know about WIC [Special Supplemental Food Program for Women, Infants, and Children] or the well-baby clinic before I started this job. I hope you learn to think of me as your "special" friend, someone here completely for you and the baby. I am here to talk when you need to share something that concerns

you. I know that it is hard to start with a new baby and to have so much on your mind.
(Earle, 1995:6)

Third, programs focusing on the early family environment **often provide educational childcare**. Such care better prepares the child for school. Also, it reduces the stress on the parents by giving them a break from constant childcare and by making it easier for them to obtain employment. In addition, the parents are taught how to provide a stimulating environment that will foster their child's cognitive development. Related to this, a toy- and book-lending library is often made available to the parents.

Programs focusing on the early family environment, then, **address several of the most important causes of delinquency. They reduce the likelihood of biological harm**, which in turn reduces the likelihood that juveniles will develop traits conducive to crime. They **address several family factors that are related to delinquency**, including the emotional bond between parents and child, the level of parental supervision, and child abuse and neglect. (For a discussion of programs focusing specifically on child abuse, see J. Barlow et al., 2006; Cronin et al., 2006.) They also supplement the socialization efforts of parents by placing the child in a well-designed preschool program. These efforts, in turn, have an impact on other causes of delinquency, such as poor school performance and association with delinquent peers. It is not surprising that early intervention programs have shown some success at preventing delinquency. Such programs are becoming more common, with a few states implementing them on a large scale (for an example of a successful program that focuses on the early family environment, see Box 19.1 in Chapter 19, where we describe the Nurse–Family Partnership).

Parent Training Programs

One of the most widely used programs for dealing with delinquency is parent training.⁵ Parent training programs may be used alone or in combination with other programs—such as programs focusing on the early family environment, school-based programs, and programs that concentrate on individual traits.

Given the central role of the family in delinquency, it is not surprising that parent training programs are so widely used. As indicated, a variety of family factors affect delinquency, including weak emotional bonds between the parent(s) and child, poor supervision, abuse and neglect, and family conflict. These factors are important in and of themselves, and they are important because they affect certain other causes of delinquency, such as individual traits, school performance and attachment, and association with delinquent peers. Programs that can change the way parents relate to their children have much potential for controlling delinquency.

Parent training programs usually target the families of delinquents or juveniles at risk for delinquency. They also target families that are at risk for poor parenting, such as cases of adolescent mothers or families presenting evidence of family violence. These programs are offered in the home, in clinics, or in other settings like schools. Sometimes they are provided to individual families, and sometimes they are provided to several families at once.

Parent training programs **typically have several components**. Most notably, they **teach parents how to more effectively discipline their children**. Poor discipline is not only a major cause of delinquency, it also undermines the emotional bond between the parent and child and contributes to family conflict. Parents are taught how to set clear rules and better monitor their child's behavior; they learn to recognize both deviant and prosocial behavior, as well as how to properly sanction deviant behavior and reinforce prosocial behavior. Parents are encouraged to make more use of positive reinforcers, such as praise, rewards, privileges, and attention; and to make less use of punishers, such as

criticism, yelling, and hitting. The preferred strategies of punishment involve time out (for children), loss of privileges, imposition of chores, clear expressions of disapproval, and reasoning. (If you would like to get a better sense of the skills that parent training programs try to teach, conduct a YouTube search using the following key words: "Incredible Years parenting program.")

Parent training programs also **frequently teach family members how to better resolve their conflicts**. While proper disciplinary techniques reduce family conflict, they do not eliminate it. The parents and juvenile, for example, may still disagree over the rules that parents try to enforce or the punishments that parents administer. A common strategy for resolving such conflicts involves the negotiation of a behavioral contract between the parents and the juvenile, particularly an adolescent. The contract clearly specifies the rules that the juvenile must follow and the consequences of both following and breaking rules. For example, adolescents may agree to go to school every day during the week in exchange for the privilege of staying out until midnight on Friday and Saturday nights. The adolescent typically plays a major role in developing behavioral contracts. Parents and juveniles are taught how to negotiate such agreements, and they may call on a therapist for assistance. By reducing conflict, negotiation also helps strengthen family bonds.

Parent training programs may also **teach family members better communication skills, alter parents' expectations for their children** (the unrealistic expectations of parents sometimes contribute to abuse and other problems), and **encourage family members to spend more time together in pleasurable activities**. Parents are taught such skills and practices through a variety of strategies. They might receive reading materials and/or direct instruction; they might be exposed to models who display the desirable practices and rehearse the practices themselves, receiving feedback. In any event, they receive continued guidance when they apply the learned practices in their homes.

Parent training programs have shown much promise in reducing delinquency, although they are not effective with all families. There are difficulties in inducing families to participate, especially the families that need it most (Kazdin, 1994). Also, parent training is often difficult to successfully implement when families face multiple stressors—poverty, poor housing, work problems, and family violence. Efforts, however, are being made to deal with these problems by, for example, trying to reduce family stressors and improve the ability of parents to cope with stressors. Also, there are efforts to provide financial and other incentives to participate in these programs.

The effectiveness of the programs is undoubtedly the result of a number of factors. As indicated, they **strengthen the bond between parent and child, improve parental discipline, and reduce family conflict and abuse**. At a more general level, they reduce strain. Adolescents are subject to less negative treatment and receive more positive stimuli from parents. In particular, there is a reduction in family conflict, abuse, and the use of harsh disciplinary techniques. Parent training programs also **promote the social learning of conventional behavior**. Parents clearly state rules that condemn deviance; parents function as conventional role models, avoiding the use of violent disciplinary techniques; conventional behavior is consistently reinforced; and deviant behavior is consistently punished. Further, such programs clearly result in an **increase in control**. Direct control is obviously increased; also, the adolescent's emotional bond to parents is increased, and the adolescent is more likely to internalize beliefs condemning deviance and to develop a high level of self-control. Finally, such programs **reduce negative labeling**, since parents are less likely to abuse their children, either verbally or physically.

Several researchers have suggested that parent training programs be made generally available, incorporating them into the high school curriculum or offering them to the parents of all newborn children. This would reduce the stigma of participating in the

programs and might make it easier to secure funding (since the programs would no longer be seen as special programs for the poor or disadvantaged). Many European countries have moved in this direction, but only a few schools and areas in the United States have done so (for more information, see A. Piquero et al., 2009; Sherman et al., 2002).

Programs Focusing on School Factors

As you know, delinquency is also related to a range of negative school experiences, including poor school performance, low attachment to school, low school involvement, low educational goals, and poor relations with teachers. Delinquency is also more common in schools of certain types, including schools that are large, have poor discipline, provide few opportunities for student success, have low expectations for students, have an unpleasant learning environment for students, have poor cooperation between teachers and administrators, and have low community involvement (see Chapter 15 for more information).

Several programs try to address these factors. Some programs focus on the individual, with most such programs attempting to boost school performance. It is felt that individuals who perform well in school will come to like school, get involved in school activities, develop high educational goals, and get along well with teachers. Other programs focus on the larger school environment—including the classroom and entire school—and attempt to change the school in ways that will reduce delinquency.⁶

Preschool programs. Evidence suggests that good preschool programs can both improve school performance and reduce delinquency. Most such programs focus on preschool children in disadvantaged areas, and they attempt to promote the children's social and intellectual development, as well as increase the parents' involvement in the educational process. The best preschool programs begin early in life, last two years or more, have low student-to-teacher ratios, and employ carefully designed curriculums. In addition, the teachers meet regularly with the parents to discuss ways that the parents might foster their children's social and intellectual development. The success of preschool programs is further enhanced if the children continue to receive assistance once they have begun school. Many of the *Head Start* programs throughout the country meet these criteria, with these programs providing preschool to about 1 million disadvantaged children—or about 40 percent of eligible children (for a good summary of Head Start and its impact, see Mongeau, 2016).

In-school programs. Various in-school programs attempt to improve the school performance of individual students and address other school experiences related to delinquency. These programs tend to focus on students doing poorly in school, students rated as disruptive by teachers and others, and delinquents. The most straightforward programs arrange for students to be tutored by other students, community volunteers, trained paraprofessionals, or teachers. Such programs are effective at boosting school performance, but it is not yet known whether they reduce delinquency.

Other programs are more elaborate, and several have been found to affect both school experiences and delinquency. In certain programs, for example, juveniles sign a contract with school officials. The juveniles agree to attend school regularly, do their schoolwork, and behave properly in class. Program staff members provide needed services to the juveniles, such as tutoring and counseling. The program staff also trains teachers and sometimes parents to monitor the juveniles' performance and provide assistance when necessary. The juveniles receive regular feedback about their performance from program staff. Staff members discuss ways in which the juveniles might improve when they receive negative reports, and they reinforce juveniles who meet the terms of their contracts.

For example, they praise the juveniles and provide them with points that can be traded in for school trips and other rewards.

Altering the classroom environment. Other programs attempt to alter the classroom environment in ways that improve classroom performance, increase school attachment and involvement, improve relations with teachers and classmates, and improve discipline.

For example, researchers have attempted to reduce delinquency through the strategies of interactive teaching, proactive classroom management, and cooperative learning groups. Interactive teaching provides students with specific objectives they must master, offers frequent feedback, gives help when necessary, employs objective grading, and bases grades on mastery of material and improvement over past performance—not on comparisons with other students. Such teaching increases the opportunities for the students to succeed, and the grading methods increase perceptions of fairness and decrease competition with other students. Teachers using proactive classroom management are taught to clearly state rules for classroom behavior, recognize and reward attempts to cooperate, make frequent use of encouragement and praise, and minimize the impact of disruptions. Cooperative learning groups consist of small, heterogeneous groups of students who help one another master classroom materials and receive recognition as a team for their accomplishments. The groups serve to reduce alienation, reinforce cooperation, and promote attachment among students.

Another example of a promising program focusing primarily on the classroom environment is the Olweus Bullying Prevention Program. Bullying is an important form of delinquency in itself, and it may contribute to further delinquency, partly for reasons related to strain theory. As described by the developer of the program, “a person is being bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons” (Olweus, 1991:413; also see Chapter 15). Negative actions are defined as intentional actions that inflict or attempt to inflict injury or discomfort upon another. A successful antibullying program has several key features. A school-based team is formed to address bullying, its members including administrators, teachers, counselors, parents, and students. A questionnaire is administered to students to determine the nature and extent of bullying, and the results are publicized to make everyone aware of the problem. Clear rules against bullying are established, and also widely publicized. Teachers and others closely monitor student activities; students are taught to report bullying and help victims; and anonymous reporting procedures are established. Instances of bullying are quickly sanctioned in a nonhostile manner. And the victims of bullying are provided support and taught skills to reduce the likelihood of further bullying (see Whitted and Dupper, 2005, for more information).

Changing the school environment. A number of programs have tried to change the school environment as a whole. They usually employ several strategies, and it is often difficult to determine which one has the greatest impact on delinquency. Most programs try to change schools in ways that improve student performance, increase school attachment and involvement, improve school discipline, and generally make the school environment more satisfying.

The programs often begin by creating teams that include school administrators, teachers, parents, students, and others. These teams evaluate the school and then help plan and implement school improvements. Such improvements often include the following: teachers learn innovative teaching and classroom management techniques; students help develop school disciplinary rules; steps are taken to make sure that the rules are clearly stated, widely publicized through devices like newsletters and posters, and during ceremonies,

and enforced in a consistent and fair manner. There is an effort to make greater use of positive reinforcers, like praise and privileges, for conventional behavior. There is better communication with parents about the positive and negative behaviors of their children. An effort is made to involve parents more actively in the school. For example, volunteer opportunities are created for parents, and parental input is solicited on important issues. An effort is made to reduce student “downtime,” so that students have less unsupervised and unstructured time. There is increased monitoring of the lunchroom, restrooms, and school grounds. An effort is made to increase the involvement and success experiences of high-risk students, usually through an expansion of extracurricular activities and through special academic and counseling programs featuring career exploration and job-seeking skills. A variety of programs addressing individual traits conducive to delinquency are developed. These include social skills training, anger management, and programs designed to instill conventional beliefs. Students, teachers, and others launch school pride campaigns, which include pep rallies and school cleanup programs. The problems associated with large schools are addressed by creating “schools within schools.” That is, small groups of students are assigned to the same homeroom and many of the same classes.

Taken together, such **programs** can have a substantial impact on school factors associated with delinquency. They reduce strain. Students are then better able to achieve their educational goals; they are treated more fairly by school officials; they find school more interesting and pleasant; and they get along better with teachers and fellow students. These programs also **increase control**. Students are better supervised at school; they also develop a stronger bond to teachers and fellow students. They increase their investment in conventional activities, as well—through higher school performance and upgraded educational goals—and they are exposed to conventional beliefs and taught to exercise self-control. Further, these programs **foster the social learning of conventional behavior**. Students are more likely to form close associations with conventional role models, to be exposed to conventional beliefs, and to be consistently reinforced for conventional behavior and punished for deviance. Finally, these programs **reduce negative labeling** by school officials.

Programs Focusing on Individual Traits

As indicated in Chapter 13, the super-traits of low self-control and irritability contribute to delinquency. These super-traits encompass several more specific traits, including the following:

- impulsivity (the tendency to act without thinking)
- risk seeking
- amoral beliefs or beliefs favorable to delinquency
- a tendency to become easily upset or angry
- a tendency to blame one’s problems on others
- little concern for the feelings or rights of others
- an aggressive or antagonistic interactional style

Many of the programs described earlier have an impact on these traits. As you may recall, the traits are often a function of biological factors and the early family environment. Many of the family programs just described attempt to reduce biological harms and improve the family environment, so they should affect these traits. Many school-based programs also affect individual traits, including such traits as impulsivity and beliefs regarding delinquency.

The programs described in this section, however, focus directly on individual traits. The programs, which are offered in both preschool and elementary/high school, may be available to all juveniles or just to juveniles at risk for delinquency. Also, these programs

are frequently used to rehabilitate juvenile delinquents who are in community treatment programs or institutions. There are several common programs, each targeting a somewhat different set of traits. The programs focus on training in a variety of areas, including social and interpersonal skills, problem solving, anger management, conflict resolution, and violence prevention.⁷

Officials sometimes employ several programs or elements from several programs. They target a range of individual traits and often proceed by teaching juveniles the skills necessary for effective interaction with others. (These include such basic social skills as maintaining eye contact when talking with someone, as well as more advanced skills, such as recognizing and showing sensitivity to the feelings of others.) The programs teach juveniles how to respond to problems without engaging in delinquency. In particular, they teach juveniles how to be assertive (rather than aggressive), how to negotiate with others, how to manage their anger, and how to respond to a range of problematic situations, including teasing from peers and criticism from teachers. Related to this, the programs teach basic problem-solving skills. In particular, juveniles are taught to stop and think before they act rather than responding impulsively. The programs also expose juveniles to beliefs that favor conventional behavior and condemn delinquency: they provide information about the negative consequences of delinquency, let students know that various forms of delinquency are less common among their peers than they might think, and persuading students and classes to take public stands against various types of delinquency, such as drug use and violence. Peer leaders often assist in this process, since students may be more likely to trust and identify with them.

These programs, then, target a range of individual traits conducive to delinquency, such as impulsivity, risk seeking, beliefs favorable to delinquency, anger, lack of concern for others, and aggressive interactional styles. In some cases, properly qualified officials may treat certain traits with medication. Most notably, hyperactivity is often treated with drugs like Ritalin or Adderall, which have shown some success in reducing short-term problem behavior. Certain evidence, however, suggests that drugs are most effective when combined with programs of the type described here (see Wasserman and Miller, 1998; Murray et al., 2008).

Targeting individual traits may reduce strain, reduce negative labeling, increase control, and foster the social learning of conventional behavior. In particular, juveniles will be in a better position to achieve their goals, will be treated in a more positive manner by others, and will be less likely to respond to strain with delinquency. They will less likely be negatively labeled by others. They will be higher in control—particularly self-control and beliefs condemning delinquency. And they will be better able to resist the influence of delinquent peers and act in conventional ways that result in reinforcement.

To give you a better sense of what these programs are like, let us describe the basic components of problem-solving training and anger management programs.

Problem-solving training. Dodge (1986) lists five steps in effective problem-solving: (1) search for cues in the environment; (2) interpret these cues; (3) generate possible responses to the situation; (4) consider the possible consequences of the responses; and (5) enact the chosen response. Data suggest that delinquents have problems at each of these steps because they seem to attend to fewer environmental cues, tend to focus on aggressive cues, often attribute hostile intent when there is none, generate fewer alternative solutions and more aggressive responses, fail to recognize the negative consequences of delinquent behavior, and often lack the social skills to enact prosocial responses (see Kazdin, 1994).

Problem-solving training teaches juveniles to carefully perform each of the steps necessary for effective problem solving and to avoid the mistakes just listed. The instructor

describes and models the steps in effective problem solving. The child is then asked to apply these steps to an imaginary problem, often making statements to himself or herself that call attention to the mental tasks to be performed. In the Think Aloud program, for example, children are taught to ask themselves a series of four questions:

“What is my problem?”

“What is my plan?”

“Am I using my plan?”

“How did I do?” (quoted in Hollin, 1990a:66)

The WISER way teaches youth to **Wait**, **I**dentify the problem, generate **S**olutions, **E**valuate the consequences, and self-**R**einforce (Hollin, 1990b:485). The instructor prompts the youth when necessary and provides feedback and reinforcement. Eventually, the program participants apply the steps to real-life problems. Such training addresses several of the specific traits listed earlier, including impulsivity, risk seeking, and aggressive interactional styles.

Anger management. Anger management programs teach juveniles how to limit or control their anger, with the goal of promoting more adaptive behavior. Most programs have several features in common. First, juveniles explore the causes and consequences of their anger. They may do this by keeping a diary or log of events that made them angry and their reaction to these events. The causes of anger include not only external events but also the internal statements made about those events. Aggressive individuals, for example, are more likely to interpret the ambiguous acts of others as indicating hostile intent, so the stare of a stranger may be interpreted as a deliberate challenge. The diary may help identify such self-statements. It may also help identify the early warning signs of anger, such as tensed muscles or flushing. Second, the juveniles learn techniques for more effectively controlling their anger—counting backward, imagining a peaceful scene, deep breathing, muscle relaxation, and self-statements like “Calm down” and “Cool off.” Some programs also attempt to increase the juvenile’s level of self-efficacy in the interest of further increasing self-control. In addition to teaching juveniles to reduce or more effectively control their anger, the programs often teach social and problem-solving skills that allow for a more adaptive response to situations. Finally, juveniles receive much practice applying the preceding techniques, first in response to imaginary provocations and eventually in real-life settings. And they receive much feedback and reinforcement as they apply these techniques (see Blackburn, 1993; Hollin, 1990a).

The most effective programs focusing on individual traits employ similar training techniques. These techniques include direct instruction; modeling of the desired behaviors by the trainer or others; role playing by the youth, with feedback from the trainer and others; reinforcement for appropriate behavior; and completing homework assignments that require the use of newly acquired traits or skills in real-life settings. Certain programs make special efforts to ensure that these skills will be used in the outside world, such as making the training as similar to real life as possible and attempting to ensure that the new skills are reinforced when used successfully in real-life settings. Many of the parent training and other programs described earlier use similar training techniques, which are part of the cognitive behavioral approach described earlier.

Programs Focusing on Delinquent Peers and Gangs

As you know, associating with delinquent peers and gang members is a major cause of delinquency. Such association creates much strain, since delinquent peers and gang members frequently get into conflicts with one another and others. In addition, such association

reduces control, since it draws juveniles away from parents, school, and other conventional groups. Association with delinquent peers or gangs also contributes to the social learning of crime, since juveniles are exposed to delinquent models, taught beliefs favorable to delinquency, and reinforced for delinquency. And such association increases the likelihood of negative labeling by others.

The **family, school, and individual-trait programs** described in the preceding sections **all have an impact on peer relations**. They reduce the likelihood that juveniles will get involved with delinquent peers and gangs; they reduce the negative influence of peers on the juvenile; and they reduce the likelihood that peers will treat one another badly. For example, parent training programs teach parents how to better supervise their children. Well-supervised juveniles are less likely to join delinquent peer groups, are less likely to succumb to negative peer pressures, and are less likely to get into serious disputes with peers. In fact, one might argue that the best way to counter the effect of delinquent peers on delinquency is to strengthen individual traits and the family, school, and community. Delinquent peers and gangs often flourish when these agencies are weak.

This section, however, focuses on programs that directly target delinquent peer groups and gangs—with most such programs targeting gangs. Such programs usually focus on adolescents, since peer influence is greatest at this time. Some programs focus on adolescents in general; others focus on at-risk adolescents, such as adolescents in schools with gang problems; and still others focus on adolescents who belong to delinquent peer groups or gangs. The most common response to delinquent peer groups and gangs involves efforts by the justice system to suppress illegal activities in these groups. Many communities, however, have made an attempt to supplement suppression with crisis intervention, rehabilitation, and prevention programs.⁸

Suppression programs by the police and courts. The police often target gangs in certain areas. They gather information on the gangs, increase patrols in areas where they hang out (gang “hot spots”), and closely monitor gang members. They may also aggressively enforce curfew and truancy laws and conduct “street sweeps,” rounding up and searching suspected gang members. And they attempt to severely sanction gang members for their crimes. The police are often supported by prosecutors and probation officers who focus on gang cases, with the prosecutors seeking serious penalties for gang-related crimes. In this connection, many states have passed laws increasing the penalties for gang-related crimes. Probation officers closely supervise gang members, strictly enforcing the conditions of their probation.

These suppression techniques have met with mixed success, although some, when carefully implemented, are sometimes able to reduce gang activity (see the discussion of police crackdowns in Chapter 20; also see Braga and Weisburd, 2012). One example of a successful suppression program was provided in Chapter 20: the crackdown on gun violence by youth gangs in Boston. Most gang researchers, however, argue that suppression techniques will be more effective if they are combined with other efforts to address gang problems—including crisis intervention, rehabilitation, and prevention.

Crisis intervention programs try to prevent disputes from escalating into violence. Much gang crime involves disputes between gangs or gang members. In some communities, mediators make an active effort to learn about disputes or conflicts that might erupt into violence. They patrol the streets in gang areas and encourage gang members and community residents to call them when problems arise. They may attempt to reduce gang conflict by challenging the rumors that sometimes fuel conflict or by trying to discourage gang members from resorting to violence, sometimes enlisting the aid of the families of gang members and others close to the gang. And they mediate disputes between gangs

and among gang members. In some cases, they hold “gang summits” and try to negotiate truces among warring gangs. Evidence on the effectiveness of such programs is somewhat encouraging, although further evaluation is needed.

Rehabilitation programs are directed at the members of delinquent peer groups and gangs. Such individuals may be offered a range of rehabilitation services, including counseling, mentoring, programs focusing on family problems, help with school problems, vocational training, and assistance finding a job. The House of Umoja in Philadelphia, for example, provides a sanctuary for gang members, who can receive educational assistance, counseling, and job training and placement. Efforts to rehabilitate gang members have not been evaluated thoroughly, although some carefully constructed programs show signs of success.

We should note, however, that not all efforts to rehabilitate gang members are successful. For example, some programs attempt to place gang members or delinquents in conventional peer groups, with the thought of exposing them to conventional role models. In addition, gang members are taught conventional beliefs, reinforced for conventional behavior, and punished for delinquency. Such programs, however, have shown mixed results. Putting delinquent and conventional juveniles together in the same group can often increase the delinquency of the conventional juveniles—especially when there are more than a few delinquents in the group.⁹

Prevention programs attempt to discourage juveniles from joining gangs and to teach them skills that will help them resist gang and peer influence. For example, a number of educational programs provide information about gang violence and drug use, the negative consequences of gang membership, how gangs recruit individuals, and methods of resisting recruitment. Other programs attempt to counter peer pressure to use drugs by providing juveniles with information about the negative consequences of drug use, letting them know that drug use is less common than they think, teaching them to recognize and resist peer pressure to use drugs, and persuading them to make a public commitment against drug use.

One of the most popular antigang education programs in the country is GREAT, or Gang Resistance Education and Training (Esbensen, Peterson et al., 2004). This program is run in many school systems and has been revised over the years in an effort to increase its limited effectiveness. In its latest form, the program involves a series of 13 lessons in which a uniformed police officer covers conflict resolution, goal setting, resisting peer pressure, and other topics. Results from a recent evaluation indicate that the revised version of GREAT (universally implemented in 2003) is more effective, has lasting effects, and decreases the odds of gang membership by a significant amount (for more information, visit <http://www.great-online.org>.) The most effective education programs tend to have certain traits in common. They make use of the cognitive behavioral strategies described earlier—as opposed to simply lecturing juveniles or holding discussions with them. They employ individuals with whom the juveniles can identify, often making use of peer instructors. They not only focus on the negative consequences of gang membership or delinquency, they also teach juveniles the skills they need to recognize and resist influence attempts. And they often try to establish a norm against gang membership or delinquency. For example, they may let juveniles know that most kids their age do not use drugs, or they may try to get class members to take a public stand against drug use.

Summary. As you can see, there have been a number of efforts to deal with delinquent peer groups and gangs. Many have failed, although some show promise. To combat gang crime, the federal government has encouraged communities to form coalitions of representatives from the police, other government agencies, and community organizations.

The coalitions are supposed to engage in tasks like collecting information on the extent and nature of the gang problem in their community, designing suppression programs to be implemented by police, developing rehabilitation and prevention programs, and coordinating the delivery of these programs. A number of such coalitions have been formed, although some have been more successful than others at completing their tasks. We lack good evaluation data on the effectiveness of most such coalitions, but some show evidence of success in reducing gang crime. And most gang researchers feel that a coordinated strategy involving the suppression of gang activities and the use of carefully selected rehabilitation and prevention programs is our best hope for reducing gang activity.

SELECTED OTHER PREVENTION AND REHABILITATION PROGRAMS

A variety of other prevention and rehabilitation programs have shown promise. Many are run in the community, with some attempting to change the nature of the community in ways that reduce delinquency. Brief overviews of selected programs are provided next.¹⁰

Mentoring Mentoring programs match at-risk or delinquent juveniles with nonprofessional volunteers, such as college students, community residents, and business persons. Ideally, the mentors form a close relationship with the juveniles. They function as conventional role models, offer guidance, and help the juveniles deal with a range of problems, including family, school, and peer problems. Mentors, then, have the potential to reduce strain, increase control, and foster the social learning of conventional behavior. Evidence on the effectiveness of mentoring programs is mixed, but data suggest that intensive mentoring programs reduce delinquency by a modest amount when they carefully train volunteers and ensure that volunteers reinforce prosocial behavior and sanction deviant behavior.¹¹

Supervised recreational opportunities. A number of programs provide supervised recreational activities for juveniles, especially after school, when incidents of delinquency peak. Such programs increase direct control by attempting to monitor youth who might otherwise be unsupervised. There may be attempts to establish relationships between the conventional adults who run the program and the participants. Evidence on the effectiveness of these programs is also mixed, but data suggest that carefully constructed recreational programs may reduce delinquency. Such programs are small; they provide structured activities, are well supervised, and make an effort to aggressively recruit and retain youth in the community.¹²

Vocational training and employment programs. These programs reduce strain and create a stake in the community by teaching job skills and helping juveniles find employment. Vocational programs typically focus on delinquents and at-risk juveniles, like high school dropouts or juveniles doing poorly in school. Some vocational programs are based in the community, and some are incorporated into the school system. Once again, evidence on the effectiveness of these programs is mixed. Many vocational programs do not appear to reduce delinquency, but certain well-designed programs show much promise—especially those targeting juveniles from high-risk backgrounds (see Chapter 17). Such intensive, long-term programs help juveniles deal with other problems they may be facing and provide incentives for participation. The *Job Corps* program of the federal government is an example.¹³

Situational crime prevention. As indicated in Chapter 11, crime is a function of both a juvenile's predisposition for delinquency and the situations he or she encounters. Predisposed

juveniles are more likely to engage in delinquency when they are provoked by others, when drugs and alcohol are present, and when the benefits of delinquency are seen as high and the costs of delinquency as low. A variety of strategies have been developed to reduce the likelihood that individuals will encounter such situations. Two such strategies were mentioned in Chapter 11: installing theft-proof change boxes on buses and placing attendants in parking lots. Clarke (1992, 1995) describes 12 general techniques of situational crime prevention, including “deflecting [potential] offenders” (e.g., separating rival fans at sporting events); “target hardening” (e.g., putting steering locks on cars); “target removal” (e.g., removable car radios); and “formal surveillance” (e.g., cameras to detect speeding). Clarke (1995), Clarke and Eck (2005), Eck (2002), and M. Felson (2002) also provide examples of situational prevention approaches that appear to be successful. These approaches reduce the likelihood that individuals will encounter others who provoke them, reduce the availability of drugs and alcohol, reduce the perceived benefits of crime, or increase the perceived costs of crime.

Programs that address drug use, mental health, and guns. Most of the program types (e.g., family, school, individual, and peer) described in the preceding sections have been employed to reduce drug use as well as delinquency, and they have shown some effect on levels of drug use. In addition, a number of programs focus specifically on drugs (for overviews, see Brochu, 2006; National Institute on Drug Abuse, 2006; Winters, 2007; and the National Drug Control Strategy at <http://www.whitehousedrugpolicy.gov>).¹⁴ As mentioned earlier, the “Above the Influence” antidrug media campaign targets certain factors known to cause drug use. For example, the campaign tries to convince juveniles that drug use has a number of negative consequences. It has been difficult to evaluate the impact of such media campaigns, but existing data suggest that they are generally not effective in reducing drug use (see Ferri et al., 2013). In a more promising approach, court personnel attempt to identify and refer individuals with drug problems to a *drug court*, which develops a treatment program for these individuals, closely monitors their behavior to ensure compliance with the plan—with frequent drug tests being employed—and rewards individuals for compliance and punishes noncompliance. Drug courts are used extensively with adults, and evidence suggests that they are effective in reducing drug use (M. Gottfredson, 2006). Such courts are becoming more common with juveniles, with juvenile drug courts not only providing drug treatment but also addressing other problems—such as family, school, and peer problems. By 2009, about 500 juvenile drug courts were in place across the United States. Preliminary evidence suggests that such courts can reduce juvenile drug use by a modest amount (Mitchell et al., 2012).

In recent years, a small number of juvenile mental health courts have been established in the United States. The courts address the unmet needs of offenders who have mental health problems, mainly by connecting these youth and their families with appropriate treatment programs in the community. In the context of these courts, “participants are viewed not as criminals but as individuals afflicted with an illness that impairs [their ability to refrain from illegal behavior]” (Sarteschi et al., 2011:19). Additional evaluation research is needed to determine whether the courts are effective for juveniles (see Tanner-Smith et al., 2016), though data on adult mental health courts indicate that they represent a promising approach and can help to reduce repeat offending (Sarteschi et al., 2011).

A number of programs have also tried to reduce the prevalence of guns among juveniles or, at least, the likelihood that juveniles will use guns. Most such programs have not been evaluated thoroughly, or the evidence on the effectiveness of these programs is mixed. However, there is good evidence that a few programs, like gun buybacks, do not work. Certain programs appear promising, especially carefully planned police crackdowns that target individuals who may be illegally carrying or using guns. Such crackdowns are usually instituted in areas with high rates of gun crime (“gun hot spots”). These programs increase

the **certainty** of punishment and, sometimes, the severity of punishment as well.¹⁵

Community crime prevention. Some programs attempt to reduce delinquency by attacking the community problems that contribute to delinquency.¹⁶ As indicated in Chapter 12, economic deprivation and other factors increase community crime rates through their effects on strain, control, and the social learning of crime.

The most common community crime prevention program is Neighborhood Watch. As you may recall, one reason that some communities have higher crime rates is failure of the residents to effectively monitor their communities and sanction deviance. That is, some communities are low in direct control. Neighborhood watch programs try to address this problem by gathering neighbors together, encouraging them to more closely monitor their community, and encouraging them to report suspicious activity to the police. Such programs, however, are difficult to implement in the high-crime communities that need them the most. Neighborhood watch programs are not always effective, perhaps due to the low involvement of program participants in some areas (see Hope, 1995). Nevertheless, a review of the evidence indicates that, on average, neighborhood watch programs help to reduce to crime (Bennett et al., 2008).

More ambitious community crime prevention programs attempt to address a range of local problems that contribute to crime. Although the programs are often initiated by people outside the community, an attempt is usually made to actively involve community residents in the program. Some community programs attempt to provide social services to juveniles and others in the community; services include mentoring, tutoring and other educational programs, vocational programs, counseling, health programs, and recreational programs. Few such programs have been properly evaluated, although some show signs of success. Prevention and rehabilitation programs are discussed further in Chapter 25.

Still other programs attempt to stimulate economic development in struggling communities. This has been done by providing tax breaks and other financial incentives to attract businesses to disadvantaged communities. Also, grants to local governments are used to, for example, improve housing and public services in disadvantaged communities (see Bushway and Reuter, 2002; DePledge, 2002). The impact of these programs on economic development has not been evaluated thoroughly, although some evidence suggests that these programs have had limited success in certain communities.

THE CRITICAL ROLE OF LARGER SOCIAL FORCES IN PREVENTING DELINQUENCY

Most of the prevention and rehabilitation programs described in the foregoing pages focus on the individual and his or her immediate social environment—family, school, peer group, and local community. The nature of one's immediate environment, however,



is strongly influenced by larger social forces. These forces play a major role in generating problems such as dysfunctional families, school failure, gangs, and neighborhoods plagued by crime. Further, these forces influence the success or failure of prevention and rehabilitation programs, since they shape the context in which these programs operate. It is difficult for parent training programs to be successful, for example, when parents are unemployed and struggling to survive.

Of all the social forces we might discuss, **economic forces are the most important.** A range of economic forces in the United States have contributed to a high overall level of prosperity, but this prosperity has not been shared by all. Consider the following.

- Although the United States is among the world's most prosperous nations, its prosperity has not been shared by a large portion of the population. According to one report, which compared the earnings of workers in 19 developed nations, the United States has one of the highest levels of income inequality. Despite relatively "high earnings at the top of the U.S. income scale . . . inequality in the United States is so severe that low-earning U.S. workers are actually worse off than low-earning workers in all but seven peer countries" (Gould and Wething, 2012:2).
- The United States also has the highest child poverty rate among affluent countries (the poverty line being set at one-half of each country's median income level). "In 2009, the United States had the highest rate of child poverty among peer countries, at 23.1 percent—meaning that more than one in five children lived in poverty" (Gould and Wething, 2012:4).
- Further, the United States ranks next to last among affluent countries in economic resources devoted to government social programs, such as family assistance and health (Dreier, 2007). Other developed nations "are much more likely than the United States to step in where markets and labor policy fail in order to lift their most disadvantaged citizens out of poverty" (Gould and Wething, 2012:7). Related to this, Americans pay lower taxes than people in all other affluent countries except Japan (taxes calculated as the percentage of gross domestic product; see Dreier, 2007).
- Reasons for the high rate of poverty in the United States in addition to low government spending on social programs include a major loss of manufacturing jobs in recent decades, an increase in service sector jobs that pay poorly and carry few benefits, and an increase in single-parent families (which are more likely to live in poverty).¹⁷

Poverty contributes to a range of situations conducive to crime and delinquency, including poor health care and problems in the family (like poor parenting and child abuse) and at school, as well as a range of neighborhood problems.¹⁸ The prevention and rehabilitation programs described earlier have shown some success in reducing the negative effects of poverty and, in some cases, helping individuals escape from poverty. But these programs deal largely with the symptoms of the widespread poverty in the United States. Any serious approach to reducing delinquency must devote greater attention to reducing poverty throughout the country—both individual poverty and the concentration of poverty in certain communities.

A range of programs have been suggested in the area of prevention and rehabilitation. Some argue that society should do more to attract jobs to inner-city areas plagued by crime and to induce employers to hire people from such areas. Some argue that we should increase the pay and benefits associated with low-skilled jobs so that all work pays a living wage. Many full-time workers do not make enough to raise a family out of poverty (Herbert, 2007b; Steenland, 2013). And many workers do not receive and cannot afford health care, although the passage of the Affordable Care Act helped to address this issue. Some argue that we

should make jobs located in suburban areas more accessible to inner-city residents through improved transportation and new housing policies. Some argue that we should create new jobs in the public sector, particularly in inner-city communities. Such jobs might be in areas like childcare, health care, public safety, and child protection. Some argue that we should provide increased tax benefits and other financial assistance to families with children, and we should do more to help single parents collect child support. Some argue that we should increase social services, including job training, educational programs, childcare, preschool programs like Head Start and Early Head Start, food programs, housing assistance, and a range of pro-family policies like flexible work schedules and stronger family leave policies.¹⁹

We do not mean to end this chapter on a pessimistic note, but the United States is at a critical point in its efforts to reduce delinquency. We have a reasonably good idea of how to go about reducing delinquency, and a number of states are using this knowledge to reform their juvenile justice systems and implement promising programs. But it remains to be seen whether we will take the steps needed to maximize the potential of these efforts, which are essential to the goal of securing success on a large scale.

SUMMARY

A number of rehabilitation and prevention programs have been reviewed. Not all programs work, but criminologists now have a reasonably good idea of the characteristics that distinguish the most successful programs from the least successful ones. The key feature of the most successful programs is that they address the causes of delinquency, identified in earlier chapters. Further, these programs are cost effective. Data indicate that they more than pay for themselves in terms of preventing crime and other problems, such as dropping out of school and unemployment.²⁰ One study estimated that several rehabilitation programs for juvenile offenders save \$5 to \$10 dollars for each dollar of taxpayer cost (Aos et al., 2001). In addition, data suggest that many prevention and rehabilitation programs are more cost effective than get-tough strategies like incapacitation. On average, it costs more than \$100,000 a year to confine a juvenile offender. While confining juveniles does stop some crime, many prevention and rehabilitation programs can stop crime at a much lower cost.²¹ Finally, these programs have wide popular support. Even though the public wants to get tough with juvenile offenders, especially serious offenders, polls indicate that most people *also* support an increased emphasis on rehabilitation and prevention.²²

Rehabilitation and prevention programs will not solve the delinquency problem. As indicated, they reduce but do not eliminate delinquency. And, as indicated, we are likely to encounter problems if we try to implement these programs on a large scale. It will be difficult to ensure that the programs are run as designed. And it will be difficult to ensure that the people who need these programs the most participate in them. But it is nevertheless clear that prevention and rehabilitation should be a central part of any serious effort to control delinquency.

TEACHING AIDS

Web-Based Exercise: Finding the Latest Information on Programs and Practices for Reducing Delinquency

Several websites provide excellent overviews of programs and policies that are effective in reducing delinquency, as well as some that are ineffective and others that are “promising” (they may be effective, but haven’t been sufficiently evaluated). These sites include the OJJDP’s **Model Programs Guide** at <http://www.ojjdp.gov/mpg>, **Blueprints for Healthy Youth Development** at <http://www.blueprintsprograms.com>, and **The Campbell Collaboration** at <http://www.campbellcollaboration.org>. But the website we want to highlight provides

the most comprehensive overview of what works and what does not in controlling crime and delinquency: **CrimeSolutions.gov** is sponsored by the National Institute of Justice and is at <http://www.crimesolutions.gov>. Programs and practices are rated “effective,” “promising,” or “no effects.” Spend some time exploring this site. In the **I would like to** box, click on **Learn how programs and practices are rated**. Explore the various programs and practices under **Juveniles**. Find one “effective” program/practice and one with “no effects.” Read about the characteristics of each program/practice, along with the evaluations done of the programs/practice. Then draw on the material in this chapter to describe why one program/practice is effective and the other has no effects. For example, ask yourself whether the effective program/practice addresses major causes of delinquency, is intensive, or focuses on high-risk juveniles.

Exercise: Extend Your Knowledge of Rehabilitation and Prevention Programs

Most of the prevention and rehabilitation programs featured in this chapter (e.g., parent training programs and anger management programs) were described in general terms. Also, space limitations prevented us from describing many other programs. We would like you to add to this chapter. Start by selecting a specific prevention or rehabilitation program, either an example of one of the general programs described in this chapter (e.g., a specific parent training program) or a program not described in this chapter. To make this exercise more interesting, you might select a program that is used in your home community (call your local juvenile court or go to its website for information). Then attempt to answer the following questions about the program (this will be easier for some programs than others, but do the best you can).

1. What happens in the program? That is, what does the program do to rehabilitate offenders and/or prevent delinquency? Does it possess the five general characteristics of effective rehabilitation and prevention programs described at the start of this chapter?
2. What causes of delinquency does the program address?
3. What groups does the program target (e.g., serious juvenile offenders, high school students, teenage mothers)? To what extent is the program being used? For example, is it used in only one location or throughout the United States?
4. Has the program been evaluated? How favorable are the evaluations? What do the evaluations say about the effectiveness of the program in reducing delinquency?
5. Are there any other advantages or disadvantages of the program that people should be aware of? For example, does the program reduce the fear of crime but cost quite a lot?

You can obtain this information from a variety of sources, including books, newspapers and magazines, academic journals, government publications, technical reports issued by research organizations, and websites. We suggest you look at the following sources:

- Relevant references in this text (and the references in these references); for example, the CDC publication titled *Best Practices of Youth Violence Prevention* contains information on many specific programs (available in PDF form at http://www.cdc.gov/violenceprevention/pub/yv_bestpractices.html).
- Indexes to academic journal articles, like Sociological Abstracts, PsycINFO, Criminal Justice Abstracts, and the National Criminal Justice Reference Service Abstracts Database (<http://www.ncjrs.gov/abstractdb/search.asp>).
- Indexes to newspaper articles, like the *New York Times Index* and LexisNexis.com.
- The websites for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Criminal Justice Reference Service (NCJRS). Be sure to look at the

OJJDP Model Programs Guide at <http://www.ojjdp.gov/MPG>. Also look at the websites for Blueprints for Healthy Youth Development (<http://www.blueprintsprograms.com>) and CrimeSolutions.gov.

- The website for the program you are interested in (if it has a website) and/or literature produced by the program sponsors.
- Other relevant websites, such as the Resource Links website maintained by the National Center on Education, Disability, and Juvenile Justice (<http://www.edjj.org>).

Do not overwhelm yourself. Try to focus on recent reports that provide a summary or overview of your program—look at a few such reports if possible. Pay attention to the source of the report. Ask yourself whether the organization producing the report might have a reason to be overly optimistic or overly pessimistic about the program you are examining. If you do not have much success finding information on your program, switch to another program.

TEST YOUR KNOWLEDGE OF THIS CHAPTER

1. Why do many criminologists believe that the United States has placed too much emphasis on get-tough approaches?
2. How do prevention and rehabilitation programs differ from get-tough approaches? How does prevention differ from rehabilitation?
3. Why haven't prevention programs played a greater role in efforts to reduce delinquency in the United States?
4. Why did rehabilitation programs fall out of favor in the 1970s?
5. How might we explain the renewed interest in prevention and rehabilitation programs in the last few years?
6. What are the general characteristics of successful prevention and rehabilitation programs? Describe the cognitive behavioral approach.
7. Why are prevention and rehabilitation programs unlikely to eliminate delinquency?
8. We provided moderately detailed descriptions of prevention and rehabilitation programs in five areas: the early family environment, parent training, school factors, individual traits, and delinquent peers and gangs. For each area, describe what is done to prevent delinquency and rehabilitate delinquents, describe the effectiveness of such efforts, and describe the causes of delinquency that the prevention or rehabilitation programs address.
9. Briefly describe the other prevention and rehabilitation programs that were mentioned (e.g., mentoring, supervised recreational opportunities) and the evidence on their effectiveness.
10. Why do we state that "larger social forces" play a crucial role in the prevention of delinquency? What larger social force do we highlight, and why?
11. List any three proposals that have been made to reduce poverty and/or the concentration of poverty in the United States.

THOUGHT AND DISCUSSION QUESTIONS

1. Can you think of any prevention and/or rehabilitation programs that were not discussed in this chapter—programs you've read or heard about or programs of your own design? What causes of crime do these programs address?

2. As indicated in Chapter 23, many high schools and colleges are experiencing high levels of cheating. Drawing on the materials in this chapter, describe how you would go about preventing school cheating and rehabilitating cheaters.
3. Most people favor placing more emphasis on prevention and rehabilitation programs. Nevertheless, many efforts to reduce delinquency place much more emphasis on getting tough than on rehabilitation and prevention. And politicians who stress rehabilitation and prevention programs are often attacked as being soft on crime. Why do you think public policies differ so notably from the desire of the general public for more emphasis on prevention and rehabilitation?
4. Even though we now have a reasonably good idea about which programs are and are not effective in controlling delinquency, ineffective programs remain popular and continue to receive funding (e.g., Scared Straight, DARE, and programs designed to increase self-esteem). Why do you think this is the case? What can be done to change this?

KEY TERMS

- | | | |
|---------------------------------|--|--------------------------------|
| ■ Prevention programs | ■ Parent training programs | ■ Job Corps |
| ■ Rehabilitation programs | ■ Head Start | ■ Situational crime prevention |
| ■ War on Poverty | ■ Problem-solving training | ■ Drug courts |
| ■ Cognitive behavioral approach | ■ Crisis intervention programs (for gangs) | |

ENDNOTES

1. For overviews of rehabilitation and prevention, see Andrews and Bonta, 2006; Aos et al., 2001; H. Barlow, 1995; Blueprints for Healthy Youth Development at <http://www.blueprintsprograms.com>; Burns et al., 2003; The Campbell Crime and Justice Group at www.campbellcollaboration.org/CCJG/; Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996; CrimeSolutions.gov at <https://www.crimesolutions.gov>; Cullen, 2002, 2007; Cullen and Applegate, 1997; Cullen and Gendreau, 2000; Currie, 1998; Farrington, 1996a, 1996b, 2002b; Farrington and Welsh, 2007; Greenwood, 1995, 2002, 2006; Guerra et al., 1994; Hawkins, Catalano, and Brewer, 1995; Heyman and Slep, 2007; Howell, 2003a, 2003b; Howell and Hawkins, 1998; Kazdin, 1994; Kellermann et al., 1998; Kumpfer and Alvarado, 1998; Lipsey et al., 2010; Lipsey and Wilson, 1998; Loeber et al., 2003; Losel, 2007; D. MacKenzie, 2006; McCord et al., 2001; McGuire, 1995; Morley et al., 2000; Muller and Mihalic, 1999; Office of Juvenile Justice and Delinquency Prevention, 1995; Rutter et al., 1998; Sawhill, 2003; Sherman et al., 2002; Thornton et al., 2002; Tremblay and Craig, 1995; U.S. Department of Health and Human Services, 2001; Wasserman and Miller, 1998; Weissbourd, 1996; S. Wilson et al., 2003; Welsh, 2012.
2. For discussions of the decline of rehabilitation, see Andrews and Bonta, 2006; Beckett and Sasson, 2000; Cullen 2002; Cullen and Gendreau, 2000; Feld, 2003; Garland, 2001; Greenwood, 2006; Zimring, 2005.
3. See Andrews and Bonta, 2006; D. Andrews et al., 1990; Brewer et al., 1995; Catalano et al., 1998; Cullen, 2002; Cullen and Gendreau, 2000; Currie, 1998; Farrington, 1996a, 1996b; Farrington and Welsh, 2007; D. Gottfredson, 2001; Greenwood, 2006; Guerra, 1997; Guerra et al. 1994; Hawkins, Arthur, and Catalano, 1995; Hawkins, Catalano, and Brewer, 1995; Howell, 2003a, 2003b; Kazdin, 1994; Krisberg et al., 1995; Lipsey, 1992; Lipsey and Wilson, 1998; Losel, 1995; D. MacKenzie, 2006; McCord et al., 2001; McGuire, 1995; Sherman et al., 2002; Thornton et al., 2002; Tremblay and Craig, 1995; Wasserman and Miller, 1998; David Wilson et al., 2001; Yoshikawa, 1994.

4. For overviews of programs focusing on the early family environment, see Bilukha et al., 2005; Currie, 1998; Earle, 1995; Farrington, 1996a, 1996b; Farrington and Welsh, 2002, 2007; Greenwood, 2006; Guerra, 1997; Hawkins, Arthur, and Catalano, 1995; Howell, 2003a; Howell and Hawkins, 1998; Kazdin, 1994; Kumpfer and Alvarado, 1998; McCord et al., 2001; Olds, 2002; Olds et al., 1998; Sherman et al., 2002; Thornton et al., 2002; Tremblay and Craig, 1995; Wasserman and Miller, 1998; Yoshikawa, 1994; Zigler et al., 1992; Welsh, 2012.
5. For overviews of parent training programs, see Andrews and Bonta, 2006; Brewer et al., 1995; Farrington, 1996a, 1996b; Farrington and Welsh, 2002, 2007; Greenwood, 2006; Guerra, 1997; Hollin, 1992; Howell, 2003a; Kaminski et al., 2008; Kazdin, 1994; Kumpfer and Tait, 2000; McCord et al., 2001; McDonald and Frey, 1999; Patterson, 1982; Petrucci and Roberts, 2004; A. Piquero et al., 2009; Rankin and Wells, 1987; Sherman et al., 2002; Thornton et al., 2002; Tremblay and Craig, 1995; Wasserman and Miller, 1998; Welsh, 2012.
6. For overviews of school programs, see Arnette and Walsleben, 1998; Brewer et al., 1995; Catalano et al., 1998; D. Elliott et al., 1998; Farrington and Welsh, 2007; D. Gottfredson, 2001; D. Gottfredson and G. Gottfredson, 2002; D. Gottfredson et al., 2002a, 2002b; Greenwood, 2006; Hawkins and Lishner, 1987; Hawkins, Farrington, and Catalano, 1998; Howell, 2003a; Maguin and Loeber, 1996; McCord et al., 2001; Samples and Aber, 1998; Sherman et al., 2002; Tremblay and Craig, 1995; Wasserman and Miller, 1998; D. Wilson et al., 2001; S. Wilson et al., 2003; Welsh, 2012.
7. For overviews of programs focusing on individual traits, see Blackburn, 1993; Brewer et al., 1995; Farrington, 1996a, 1996b; Farrington and Welsh, 2007; D. Gottfredson, 2001; D. Gottfredson et al., 2002a, 2002b; Guerra, 1997; Guerra et al., 1994; J. Hawkins, Catalano, and Brewer, 1995; Hawkins, Farrington, and Catalano, 1998; Howell, 2003a; Kazdin, 1994; Kellermann et al., 1998; Losel and Beelmann, 2003; Pearson et al., 2002; Samples and Aber, 1998; Sherman et al., 2002; Thornton et al., 2002; Wasserman and Miller, 1998.
8. For overviews and selected examples of peer programs, see Braga et al., 2002; Brewer et al., 1995; Burch and Kane, 1999; Catalano et al., 1998; Decker and Curry, 2000; Esbensen and Osgood, 1999; Farrington, 1996a, 1996b; Farrington and Welsh, 2007; Fearn et al., 2001; Fritsch et al., 1999; Gifford-Smith et al., 2005; Gorman and White, 1995; Guerra, 1997; Howell, 1997b, 1998b, 1999, 2003a; Huff, 2002; Klein, 1998; Klein and Maxson, 2006; Maxson, 2004; McCord et al., 2001; Morley et al., 2000; Shelden et al., 2001; Sherman et al., 2002; Spengel, 1995; U.S. Department of Justice, 2006; Welsh and Hoshi, 2002; Welsh, 2012.
9. See Farrington, 1996a, 1996b; Gifford-Smith et al., 2005; Gorman and White, 1995; Howell, 2003a; McCord et al., 2001.
10. Also see Blueprints for Healthy Youth Development at <http://www.blueprintsprograms.com>; Brewer et al., 1995; Catalano et al., 1998; CrimeSolutions.gov at <https://www.crimesolutions.gov>; Kellermann et al., 1998; Sampson, 2002; Sherman et al., 2002.
11. See Blueprints for Healthy Youth Development at <http://www.blueprintsprograms.com>; Catalano et al., 1998; CrimeSolutions.gov at <https://www.crimesolutions.gov>; Farrington and Welsh, 2007; Grossman and Garry, 1997; Howell, 2003a; McCord et al., 2001; Morley et al., 2000; Office of Juvenile Justice and Delinquency Prevention, 1998b; Thornton et al., 2002; Tolan et al., 2008; B. Welsh and Hoshi, 2002.
12. See Farrington and Welsh, 2007; D. Gottfredson et al., 2002a, 2002b; D. Gottfredson et al., 2007; McCord et al., 2001; Morley et al., 2000; Welsh and Hoshi, 2002; Welsh, 2012.
13. See Brewer et al., 1995; Bushway and Reuter, 2002; Currie, 1998; and Lipsey, 1992; also see Hamilton and McKinney, 1999.
14. Also see Boyum and Kleiman, 2002; MacCoun and Reuter, 1998; National Institute on Drug Abuse, 2006; Office of National Drug Control Policy, 1999; Orwin et al., 2004; Vander Waal et al., 2001.
15. See Braga and Weisburd, 2012; Brewer et al., 1995; Catalano et al., 1998; Cook and Ludwig, 2000; Cook et al., 2002; Hahn et al., 2005; Harcourt, 2003; Kellermann et al., 1998; Kleck, 1997; Kovandzic and Marvell, 2003; Ludwig and Cook, 2003; McGarrell et al., 2002; Office of Juvenile Justice and Delinquency Prevention, 1996; Sherman, 2001; Sherman and Eck, 2002; Welsh and Hoshi, 2002; Wintemute, 2006; Zimring, 2005, 2007.

16. See Bushway and Reuter, 2002; Hope, 1995; McCord et al., 2001; Sampson, 2002; Sherman et al., 2002; and Welsh and Hoshi, 2002, for excellent overviews of community crime prevention programs.
17. See Currie, 1998; Hagan, 1994; Lewit et al., 1997; Sampson and Wilson, 1995; W. Wilson, 1987, 1996.
18. See Brooks-Gunn and Duncan, 1997; Currie, 1998; Hagan, 1994; Sampson, 1997; Sampson and Wilson, 1995; W. Wilson, 1987, 1996.
19. For fuller discussions of these issues, see Center for American Progress Task Force on Poverty, 2007; Currie, 1998; Lewit et al., 1997; Messner and Rosenfeld, 2001; Plotnick, 1997; Stemen, 2007; W. Wilson, 1987, 1996.
20. See Aos et al., 2001; Burns et al., 2003; Caldwell et al., 2006; Farrington and Welsh, 2007; Greenwood, 2002; McCord et al., 2001; B. Welsh et al., 2001; Welsh, 2012.
21. See Greenwood, 1998, 1999, 2006; Greenwood et al., 1996; also see Fass and Pi, 2002; Welsh, 2012.
22. See Martin and Glantz as cited in Greenwood, 1998; also see Beckett and Sasson, 2000; Bishop, 2006; Cullen, 2006, 2007; Cullen and Applegate, 1997; Cullen et al., 1998; Flanagan and Longmire, 1996; Moon et al., 2000; Nagin et al., 2006; Roberts and Stalans, 1998.